

Name in Full

Alexander Amoss

Town

Minefield

County

Hearford

MARYLAND

Died at

Month Day Y. M. D. Native of Occupation

Date 189 1902 1 15 Age 93

Male White Married Widower Widower Number of children living none

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary Immediate How long sick 15 Accident, Suicide, Homicide

Reported by Geo. W. Andrews M.D.

Address 1 Fawn Grove Pa

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Clarice Barrett

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

1

12

Age

5-

America

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Pneumonia

How long sick

7 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

A. Steward M. D.

Address

Sella Pa

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Wm. M. Bell

Town

County

Died at

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

02 Jan 21

Age

11

Harford

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Leroy Bell

Agnes Bell

Cause of

Primary

Dumb Phthisis

How long sick

One year

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Dr. E. H. Arthur,  
Street Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



### Certificate of Death

Town

County

MARYLAND

Date: 1/89

Male

—

1. ~~March~~



~~Divorced~~

Number of children living

2

Wien

Name \_\_\_\_\_

Name \_\_\_\_\_

Cause of

Primary *AD* *AD* *AD*

Death Immediate *Minor*

How long sick

6 months

~~Accident, Suicide, Homicide~~

Reported by

Add:

Must be

LIBRARY BUREAU. P5968

Buried at The  
Tabernacle on Aug 8<sup>th</sup>  
1902



Name in Full

Certificate of Death

Mary L. Botts

Died at

Town

Stafford

County

Harford

MARYLAND

Date 1902.

Month

Jan<sup>y</sup>

Day

2

Y.

M.

D.

Age

16

Native of

Maryland

Occupation

Servant

~~Male~~  
Female~~White~~  
Colored~~Married~~  
Single~~Widow~~  
Widower~~Divorced~~  
Number of children livingHusband  
of  
WifeFather's  
Name

James Botts

Mother's  
Name

Ruth Botts

Cause of

Primary

Tuberculosis

Death

Immediate

How long sick

7 mos

Accident, Suicide, Homicide

Reported by

Eph W Hopkins MD  
Darlington

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968



Name In Full

Certificate of Death

Died at *Bagley* Town *Harford* County *MARYLAND*  
 Date 19 *02* Month *Jan.* Day *31* Y. *70* M. *-* D. *-* Native of \_\_\_\_\_ Occupation \_\_\_\_\_  
 Male *White* Married *Widow* Divorced \_\_\_\_\_  
 Female *Colored* Single \_\_\_\_\_ Widower \_\_\_\_\_ Number of children living *8*

Husband of *Ellen Brown*  
~~Wife~~  
 Father's Name \_\_\_\_\_ Mother's Name *93*  
 Maiden Name \_\_\_\_\_

Cause of Death { Primary *Typhoid Pneumonia* How long sick *7 days*  
 { Immediate \_\_\_\_\_ Accident, Suicide, Homicide \_\_\_\_\_

Reported by *Charles Bayley Jr. & -*  
 Address *Bagley Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

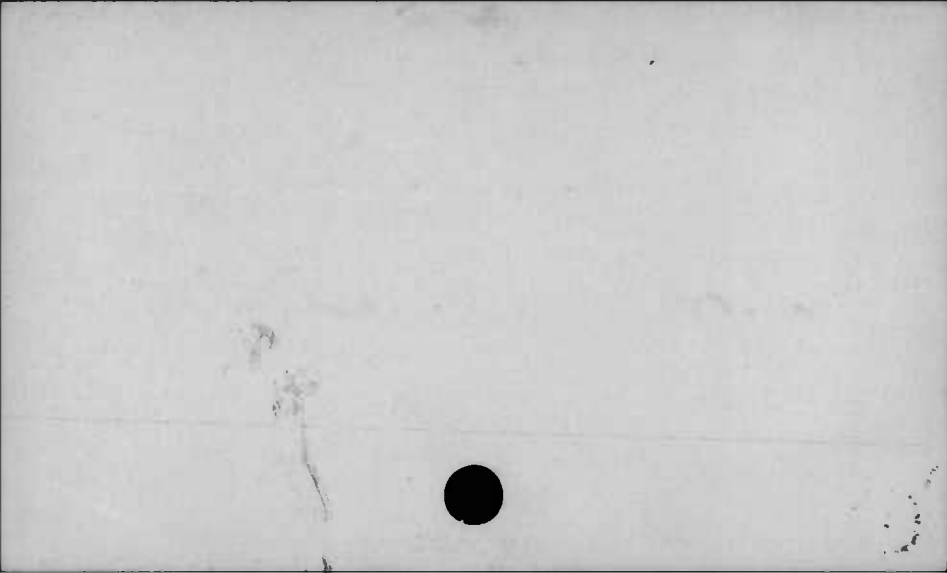
Certificate of Death

Lewis Brown  
 Town County  
 Died at near Carea Harford MARYLAND  
 Date 1902 Jan. 11 Month Day Y. M. D.  
 Age 80 Native of Maryland Occupation Laborer  
 Male ~~White~~ Married ~~Single~~ ~~Widower~~  
~~Female~~ Colored ~~Single~~ Number of children living 1

Husband of Jane Brown 120  
 Father's Name Mother's Name  
 Name Maiden Name  
 Cause of Death { Primary Bright's Disease Immediate  
 How long sick 3 weeks  
 Accident, Suicide, Homicide

Reported by John W Porter M.D.  
 Address New Park Penna

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

*Simon, Brown*  
 Town County

Died at *St. Mary* *Hartford* MARYLAND

Date 1902 *Jan 21* Month Day Y. M. D. Age *45* Native of *Hartford* Occupation *Farmer*  
 Male White Married ~~Widow~~ Divorced  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *2*

Husband of *Lillian, Brown*  
 Father's Name *Simon Brown* Mother's Maiden Name *Catherine Swift*

Cause of Death { Primary *Organic heart disease* How long sick *3 Yrs*  
 Immediate *Heart failure* Accident, Suicide, Homicide

Reported by *D. W. E. Arthur*  
 Address *Street Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Burdiet Bursery  
 Town County

Died at

Gibson

Harford

MARYLAND

Date 19 21 Jan 29 Age 83 Y. M. D. -- Native of Ind. Occupation Farmer  
 Male White Married Widower Divorced  
~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 4

Husband of

Wife Martha Bursery

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Old Age

154

How long sick

4 mos.

Death

Immediate

Old Age

~~Accident, Suicide, Homicide~~

Reported by

Fr. L. L.

Hughes.

Address

Gibson

Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

July 31<sup>st</sup>

at St Ignace.

Name in Full

Certificate of Death

John W. Callahan

Town

County

Died at

MARYLAND

Date 1892 Jan 10 Y. M. D. Native of Connecticut Occupation Farmer  
 Male White Married Widowed Divorced  
 Female Colored Single Widower Number of children living

Husband  
of  
Wife

Father's  
Name

Mother's  
Name

Cause of Primary

How long sick

2 years

Death Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, TREAS.



Name In Full

Certificate of Death

Martha E. Chilcoat

Town

County

MARYLAND

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

1st 25

Age 24.6

Harford

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

~~Husband~~

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

10 weeks

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898



Name in Full

Certificate of Death

James Burton Clendenny

Died at

Date

Male

~~Female~~

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town  
Berkly

Month Day

1 4

White

~~Colored~~

County

Harford

Y. M. D.

8 yr

~~Married~~~~Widower~~

Native of

Harford

~~Divorced~~~~Number of children living~~

Occupation

Student

MARYLAND

~~Husband~~ of

James Clendenny

Mother's

Name

Sarah

Primary Diphtheria

Immediate Laryngitis

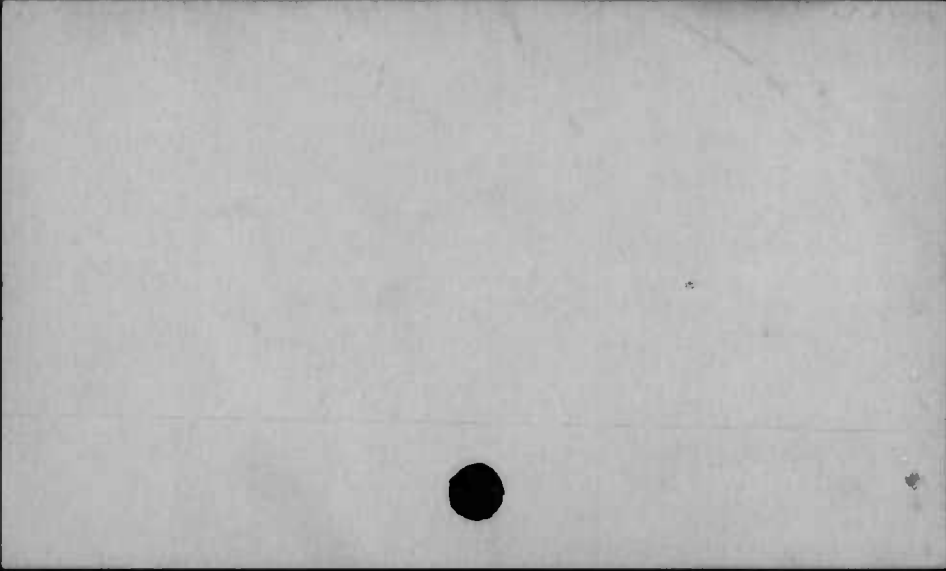
How long sick

one week

~~Accident~~ ~~Suicide~~ ~~Homicide~~

Mrs. Lafframpton

Darbyton Md.





Name in Full

Certificate of Death

James Dean

Died at <sup>Town</sup> Bel Air <sup>County</sup> Harford MARYLAND

Date 1932 <sup>Month</sup> 1 <sup>Day</sup> 13 <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> <sup>Occupation</sup>

Male White Married Widow Divorced <sup>Number of children living</sup>

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~

Husband of Hannah Dean

Wife of

Father's Name Nathan Dean Mother's Name Ann Jarvis

Cause of Death { Primary Chronic parenchymatous nephritis 2 weeks How long sick

Immediate Uraemic intoxication 180 ~~Accident, Suicide, Homicide~~

Reported by A. F. Van Bibber, M. D.

Address Bel Air Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Friendship

Name in Full

Certificate of Death

Martha L. Gellert

Town

County

Died at

MARYLAND

Died at *Cassius* Town *Harford* County  
 Date 1902 Month *1* Day *12* Age *88* - Y. M. D. Native of *Ind* Occupation *Farm*  
~~Male~~ White Married ~~Widow~~ Divorced  
 Female Colored Single Widower Number of children living *5*

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Death

Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



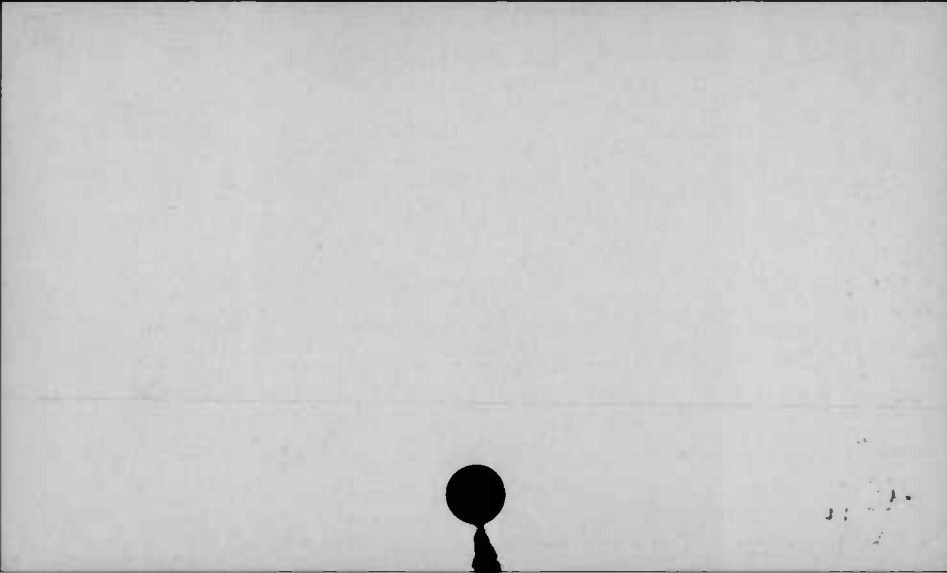
*Robin Grafton*  
 Died at *Chestnut Hill* <sup>Town</sup> *Harford* <sup>County</sup> *MARYLAND*  
 Date 1902 *1* *22* <sup>Month</sup> <sup>Day</sup> *84* <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> *Ind.* <sup>Native of</sup> *Farmer* <sup>Occupation</sup>  
 Male *White* <sup>Married</sup> *Widow* <sup>Divorced</sup>  
 Female *Colored* <sup>Single</sup> *Widower* <sup>Number of children living</sup> *3*

Husband of *Olivia Ward*  
 Wife  
 Father's Name  
 Mother's Maiden Name *Phoebe Grafton*

Cause of Death { Primary *Senility* <sup>How long sick</sup> *2 mos.*  
 Immediate *Paralysis* *154*  
~~Accident, Suicide, Homicide~~

Reported by *F. P. Smithson M.D.*  
 Address *Forest Hill Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Jacob Gross

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Jan. 11

Age 51. 4, 2.

Germany

Hammer

Male

White

Married

Widow

Diversed

Female

Colored

Single

Widower

Number of children living

6

Husband

of

Reinh. Brierly

Father's

Name

Jacob Gross.

Mother's

Maiden Name

Not Known

Cause of

Primary

Heart disease

How long sick

3 months

Death

Immediate

Failing compensation

~~Accident, Suicide, Homicide~~

Reported by

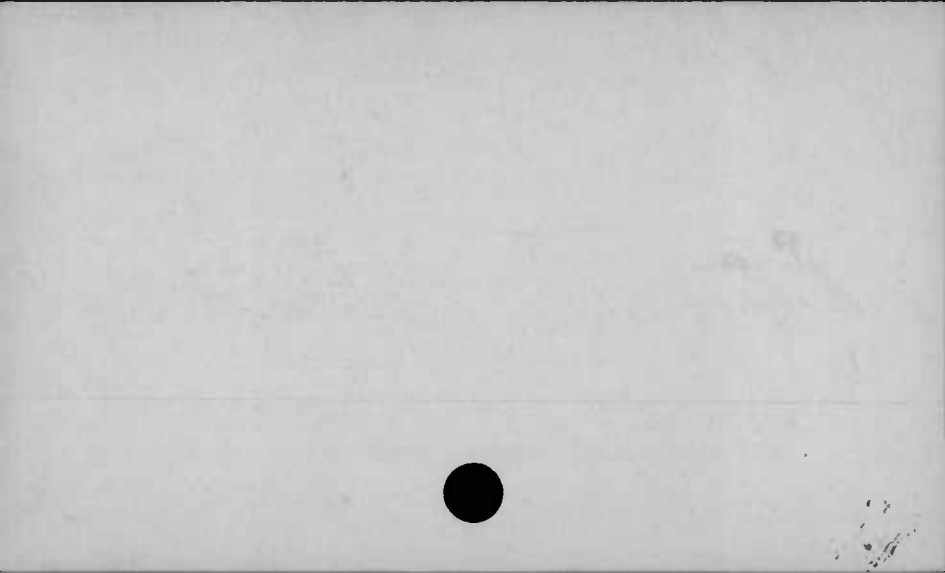
Thos. H. Emory M.D.

Address

Taylor

Harford Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Died at

Date 1902

Male

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

Number of children living

MARYLAND

of

Name

Mother's

Maiden Name

How long sick

Primary

Immediate

Accident, Suicide, Homicide

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70933



Name in Full

Certificate of Death

Susan Harris  
 Died at *Madonna* Town *Harford* County *MARYLAND*  
 Date 19*02* *Jan* *18*<sup>*th*</sup> *Y.* *M.* *D.* *Age* *21* *Native of* *Mad* *Housewife*  
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *Three*  
 Husband of *Robert Harris*  
 Wife *Robert Harris*  
 Father's Name *Asbury Crowell* Mother's Maiden Name *Mary Crowell*  
 Cause of Death { Primary *Pulmonary Tuberculosis* How long sick *Three Months*  
 Immediate *Pulmonary Tuberculosis* Accident, Suicide, Homicide  
 Reported by *Wm L. Smith M.D.*  
 Address *Jamlettsville Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

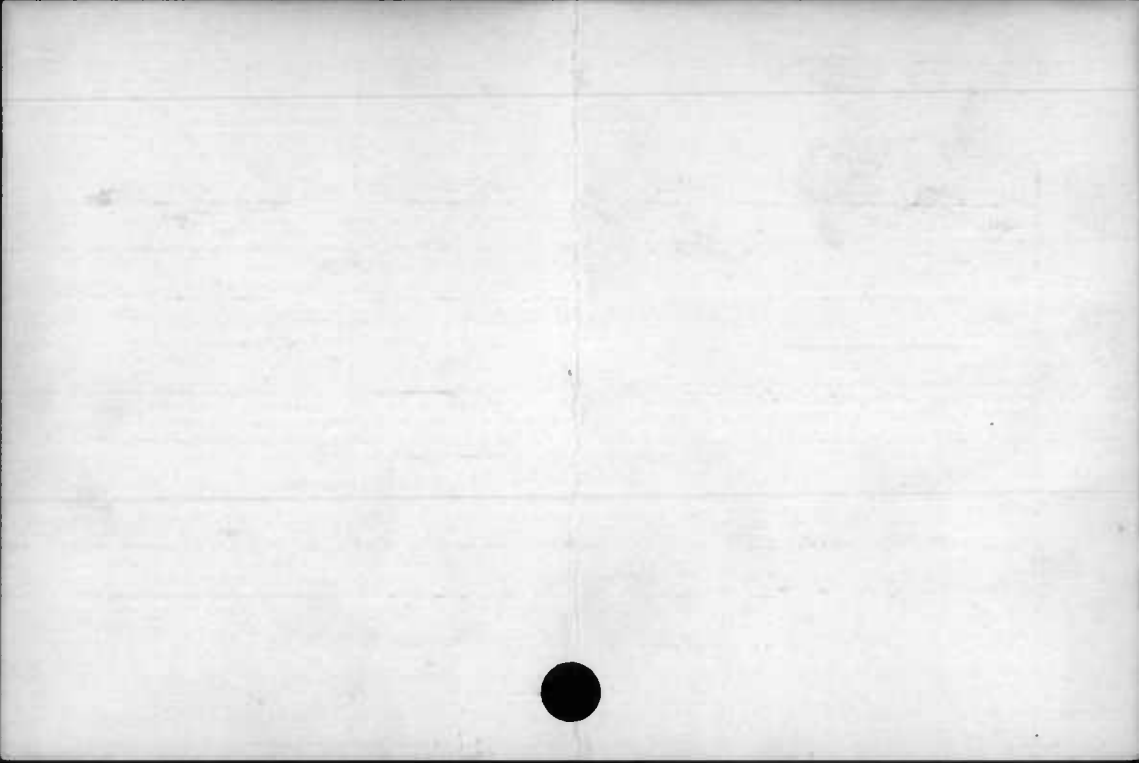
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Thentville</i> Town		<i>Wayford</i> County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Jan</i>	Day <i>12</i>	Age <i>48</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Penna</i>		Days	
Married, Single or Widowed <i>Married</i>		Occupation <i>Laborn</i>			
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased <i>bb</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>6 days</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>P. Warren Ramsay</i>
	Address <i>Delia Pa.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Died at

Date 1902

Male

~~Female~~~~Husband~~  
ofFather's  
Name

Cause of

Death

Reported by

Address

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

~~Married~~

Single

~~Widow~~~~Widower~~~~Divorced~~~~Number of children living~~

MARYLAND

George Jackson

Mother's  
Maiden NameEliza Jackson  
Eliza Higgins

How long sick

3 months

Primary

Immediate

Rashitis 146  
Acute failure  
D. Hall Richardson, M.D.~~Accident, Suicide, Homicide~~

Bella, M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Mountain



Name In Full

Certificate of Death

Emma

McCourtney

Town

County

Died at

Eager

Harford

MARYLAND

Date 1902

Month

Day

January 17

Age

43

Native of

Occupation

Merchant

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

none

Husband

of

Wife

Father's

Name

Oliver McCourtney

Charles Parker

Mother's

Maiden Name

McCourtney

Cause of

Primary

Child-bed fever

Death

Immediate

Heart failure

How long sick

7 days

Accident, Suicide, Homicide

Reported by

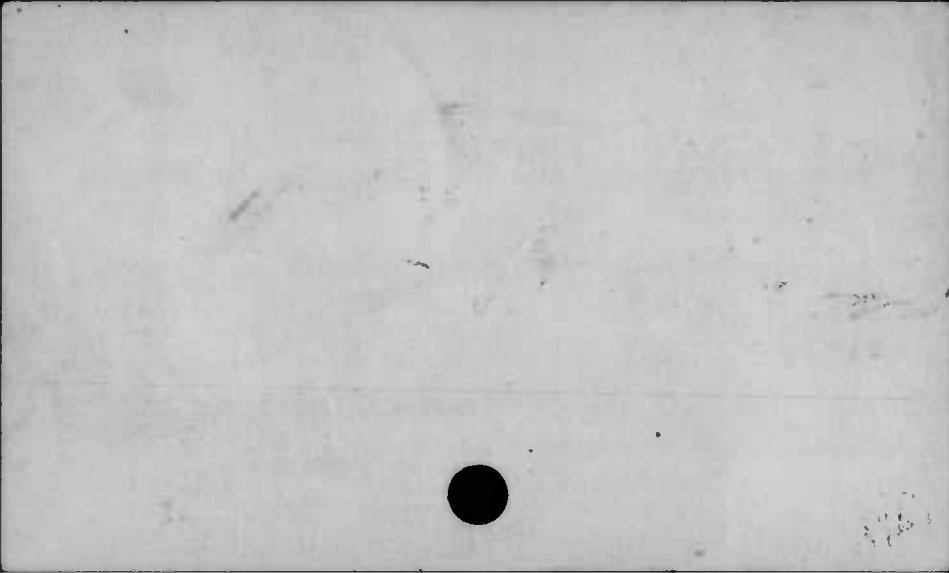
Charles Bagley M D

Address

Bagley

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Eileen E. Mitchell

Town

County

Died at

Haver de Grace

Harford

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Jan

11

Age

33-11-

Md

Housework

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living 1

Husband

Wife

Father's

Name

of Harry Mitchell

Mother's

Maiden Name

Saul Walstrom

Cause of

Primary

Death

Immediate

Epithelioma of Tongue

How long sick

6 wks

Accident, Suicide, Homicide

Reported by

Address

J. L. Hopkins

Haver de Grace

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

William H. Pyle

Town

County

Died at

Heard de Med

Heard de Med

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

1, 4

Age

2, 4,

Md,

None

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Frank C. Pyle

Mother's

Maiden Name

Ella Grafton

Cause of

Primary

Membranous croup

How long sick

6 Days

Death

Immediate

Accident, Suicide, Homicide

Reported by

Dr. R. H. Smith

Address

Heard de Med

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

S. J. Blanch. Pote

Town

County

Died at

Cardiff

Harford

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Jay

15

Age 31

md Anne Coige

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



AS 1000  
1000



Name In Full

Certificate of Death

Shadrach Preston

Died at <sup>Town</sup> Bel Air <sup>County</sup> Harford MARYLAND

Date 1902 <sup>Month</sup> 1 <sup>Day</sup> 3 <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> <sup>Age</sup> 18 <sup>Native of</sup> Harford <sup>Occupation</sup> \_\_\_\_\_

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
~~Female~~ <sup>Colored</sup> <sup>Single</sup> ~~Widower~~ <sup>Number of children living</sup> \_\_\_\_\_

Husband  
or  
Wife

Father's Name \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Cause of <sup>Primary</sup> Pulmonary tuberculosis <sup>How long sick</sup> two years

Death <sup>Immediate</sup> ~~by debility~~ <sup>Accident, Suicide, Homicide</sup> \_\_\_\_\_

Reported by William S. Archer

Address Bel Air Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Feb. 5.

of Astbury -

Name in Full

Certificate of Death

*Sarah Ann Ranelle*  
 Town *Gradenough Co.* County *Harford Co.* MARYLAND

Died at *Gradenough Co.* *Harford Co.* MARYLAND

Date 1902 *Jan 27* Month *Jan* Day *27* Year *1902* Age *68* - - *Irish* Native of *Housewife* Occupation

*Female* Sex *White* Color *Married* Marital Status *Widow* *Divorced* *Widower* Number of children living *6*

Husband of *William S. Ranelle*  
 Wife of *William S. Ranelle*  
 Father's Name *Thomas Ramph* Mother's Maiden Name *Mary Morris*

Cause of Death { Primary *Dropsy.* How long sick *6 days*  
 Death *Immediate* *Accident, Suicide, Homicide*

Reported by *J. T. Payne*  
 Address *Shawville Md.*



Name in Full

Certificate of Death

Henry C. Schilling  
 Died at *My Branch P.O.* *Harford County* *MARYLAND*  
 Date 190*8* *1* *17* | Age *69* — — | *Germany* *Shoemaker*  
 Male *White* Married *Widow* *Divorced*  
 Female *Colored* Single *Widow* Number of children living *three*  
 Husband of *Mary* — *Not known*  
 Wife *Not known* Mother's *Not known*  
 Name *Not known* Maiden Name *Not known*  
 Cause of Death { Primary *Paralysis* | How long sick *Ten weeks*  
 Immediate *Apoplexy* | Accident, Suicide, Homicide  
 Reported by *Dr. J. T. Payne*  
 Address *Shawsville, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899



Mrs. Julia Steward.

Died at Van Bibber <sup>Town</sup> Spartanburg <sup>County</sup> MARYLAND

Date 1902 Jan 7 <sup>Month</sup> 7 <sup>Day</sup> Y. M. D. Balto. City <sup>Native of</sup> Housekeeping <sup>Occupation</sup>

~~Male~~ White <sup>Married</sup> Widow <sup>Divorced</sup> Single <sup>Widower</sup> 4 <sup>Number of children living</sup>

~~Female~~ Colored

~~Husband~~ of M. Steward

Wife

Father's Name Don't Know <sup>Mother's</sup> Don't Know <sup>Maiden Name</sup>

Cause of Primary Tubercular disease <sup>How long sick</sup> 6 months

Death Immediate Abscess of left lung <sup>Accident, Suicide, Homicide</sup>

Reported by J. F. H. Gorsuch

Address York Md.





Name in Full

Certificate of Death

*India*  
*Mrs. Steward*

Town

County

MARYLAND

Died at

Date

1902

Month

Day

Age

Y.

M.

D.

Native of

Occupation

Jan 7

57 years

Baltimore

housekeeping

~~Male~~~~White~~

Married

Widow

~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

4

Husband

of

Wife

Father's

Name

Mr. Steward

Dout- Know

Mother's

Name

Dout- Know

Cause of

Primary

Tubercular disease

Death

Immediate

Abscess of left lung

How long sick

6 months

~~Accident, Suicide, Homicide~~

Reported by

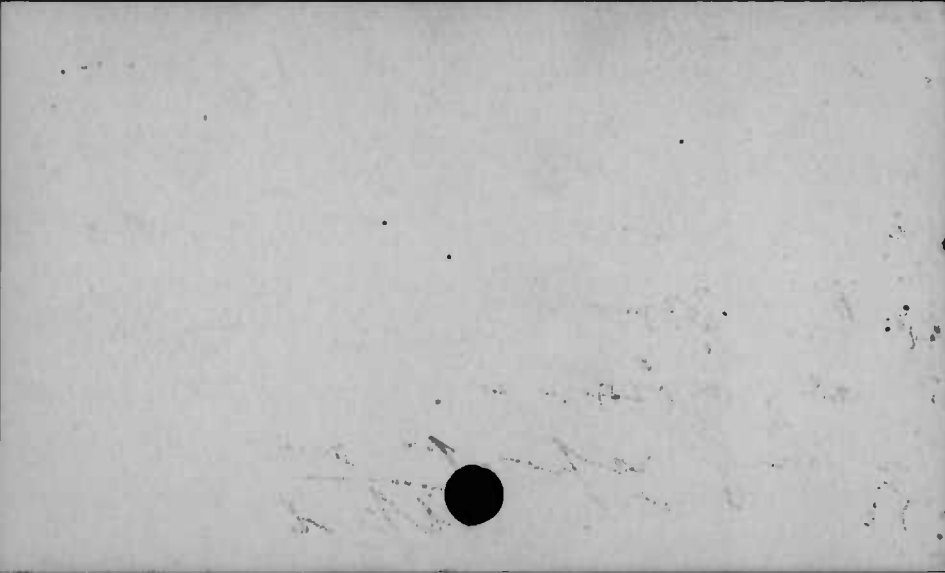
J. F. H. Ginn

Address

Fort 2 Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

David C. Jayson

Died at <sup>Town</sup> Aldeno <sup>County</sup> Harford co

MARYLAND

Date 1902 Jan 28 | Month | Day | Y. | M. | D. | Native of | Occupation

Age 24 | Male | White | ~~Married~~ | ~~Widow~~ | Divorced |  
Female | Colored | Single | ~~Widower~~ | Number of children livingHusband  
of  
WifeFather's Name John Jayson | Mother's  
Name | Maiden NameCause of Death { Primary Epilepsy | How long sick  
Immediate | Accident, Suicide, Homicide

Reported by H. Tarrance

Address

Abundeen

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

W Henry White

Town

County

Died at

Emmorton Hayford

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Age

78

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicida, Homicide

Reported by

Address

No Physician

See air

N Deane & Son  
undertakers

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73808

Buried at The Mountain  
Jany 9<sup>th</sup> - 1902

Mary M. Williams

Town

County

Died at

Leardiff

Hartford

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

1

26

Age

67.

Ireland

~~Male~~

White

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

5-

Husband of

Wm M. Williams

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Spinal Sclerosis

How long sick

6 mos.

Death

Immediate

Thrombosis

Accident, Suicide, Homicide

Reported by

R. Warren Ramsay

Address

Della Pa





Town

County

MARYLAND

Month

24 v

Age

M. D.

Native of

Occupation

Female

White

Married

CAUTION

~~Divorced~~

Number of children living

Husband of  
Wife

Father's  
Name

Mother's

Maiden Name

### Cause of

### Primary

Примечания

## Death

Immediate

Congestion Lung

How long sick

Two weeks

~~Assident, Suicide, Homicide~~

Reported by

Address \_\_\_\_\_

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

